



DEPARTMENT OF CORRECTIONS
NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name Donna Lowery Relationship Sister
 Street Address 10755 Mc Kenzie Rd. Phone Number (251) 928-2928
 City Fairhope, AL. State AL. Zip Code 36325
 Inmate Signature Earnest Reed Doc# 111914 S.S.# 424-74-3880 Date 1-12-05
 Witness [Signature] Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
Reed Earnest	111914	11-23-55	w/m	East

6B 88



PRISON
HEALTH
SERVICES
INCORPORATED

Special Diet Request

Inmate's Name: Reed, Earnest Date: 10/17/05

Housing Location: _____

Type of Diet: Soft diet

Start Date: 10/17/05 Stop Date: 1/17/06

Special Instructions (if needed): _____

Soft diet x 90 day — Missing 1
teeth — waiting for dentures.

Date Requested: 10/17/05 Signature: M. Paepe RN

Reed Earnest
- 111914

STEP 2

Consent and Education Attestation – The patient will review and sign the HCV Patient/Education Information document. (Attachment A) The patient will review and sign the HCV Evaluation and Treatment Consent form in the "determining eligibility" section. (Attachment C) CDC patient education material will also be used to provide inmates with a more complete understanding of the disease process.

AEC

STEP 3

Determining Eligibility - Patients with the conditions listed as absolute exclusion criteria will be excluded from the eligibility pool because the risks outweigh the benefits of therapy. Following is a list of absolute and relative exclusion criteria. Patients who have an absolute exclusion criteria will not have further evaluation or testing unless the condition(s) resolves or improves (example pregnancy and anemia) in which case they will be reevaluated within 90 days of resolution.

Absolute Exclusion Criteria


- ☐ Age ≤ 18 or ≥ 60
- ☐ Remaining incarceration time ≤ 24 months.
- ☐ Presence of an Axis I diagnosis that is not controlled and stable as determined by the treating psychiatrist.
- ☐ History of solid organ transplant.
- ☐ Presence or history of an autoimmune disorder.
- ☐ Presence or history of decompensated cirrhosis, presence or history of ascites or encephalopathy (albumin ≤ 3.2 gm/dl, bilirubin > 3.0 gm/dl).
- ☐ CBC results outside acceptable limits (Hgb ≤ 12 females, ≤ 13 for males; WBC $> 3,000$; ANC $\leq 1,500$ & platelets $\leq 100,000$ /mm).
- ☐ Creatinine ≥ 1.7 or creatinine clearance ≤ 50 ml/minute.
- ☒ Normal ALT (< 2.0 times normal at 0, 3 and 6 months). ALT ✓ 16 9/05
22 1/05
14 7/04
- ☐ Positive pregnancy test.
- ☐ Active TB
- ☐ Auto Immune Disease e.g. – Lupus, Graves Disease, R.A., M.S., Myasthenia Gravis
- ☐ Cancer – not in remission
- ☐ Hemoglobinopathies

"No further evaluation should be completed so long as the absolute criterion exists."

Relative Exclusion Criteria

- ☐ Hepatitis B Co-infection
- ☐ Diabetes – poorly controlled with Hgb. A1C \geq 9.0
- ☐ Ischemic Cardiac Disease or Cerebrovascular Disease
- ☐ Hypertension – poorly controlled
- ☐ CHF
- ☐ Peripheral Vascular Disease – Symptomatic
- ☐ COPD – severe
- ☐ Seizures – poorly controlled
- ☐ Active Thyroid Disease
- ☐ Active Gout
- ☐ Significant CNS Trauma – recent within the past six months
- ☐ Poor adherence to treatment including \leq 80% of clinic visits and medications, to the extent the inmate made the choices.
- ☐ Alcohol and illicit drug use within one year.
- ☐ Interferon/Ribavirin sensitivity.
- ☐ Life expectancy < 10 years.

The provider is required to review relative exclusion criteria with the Regional Medical Director prior to proceeding with further evaluation.

Noted 10/12/05


STEP 4

Liver Biopsy – Liver biopsy provides a unique source of information on fibrosis and assessment of histology. The information obtained on liver biopsy allows affected individuals to make a more informed choice about the initiation or postponement of antiviral treatment. Thus, the liver biopsy is a useful part of the informed consent process.

In general, a baseline assessment of liver histology offers a valuable standard for subsequent comparisons. However, the appropriate interval for subsequent evaluations is yet to be determined. A biopsy will be required prior to initiating medication for patients with Hepatitis C viremia with genotype 1A or 1B. A biopsy will not be required for genotypes 2, 3 & 4 and for patients with compensated cirrhosis.

Stage III - Medication Treatment

The provider will initiate a treatment plan including medication treatment if the patient is determined to be eligible and the patient consents for medical treatment by signing patient education document and the HCV consent form in the medication initiation section.

HCV Disease: Evaluating patient new to a facility on medication for HCV disease

MENTAL HEALTH SCREENING FORM**MENTAL STATUS QUESTIONNAIRE**

1. Are you now, or have you been treated for a mental or emotional problem

Yes ☒ No ☐

(If yes, where, when and what for?) 1998 - Birmingham, AL - meds

2. Are you now, or have you been on medication for these problems?

Yes ☒ No ☐

(Medication, Doctor) Elavil, Xanax - Dr Harold

3. Have you ever attempted suicide? (If yes, while in jail?)

Yes ☐ No ☒

How? When? Where?

4. Are you suicidal now?

Yes ☐ No ☒

5. Do you have a plan to hurt yourself?

Yes ☐ No ☒

6. Have you ever cut or hurt yourself?

Yes ☐ No ☒

7. Would you like to speak to one of our Mental Health Counselors?

Yes ☒ No ☐

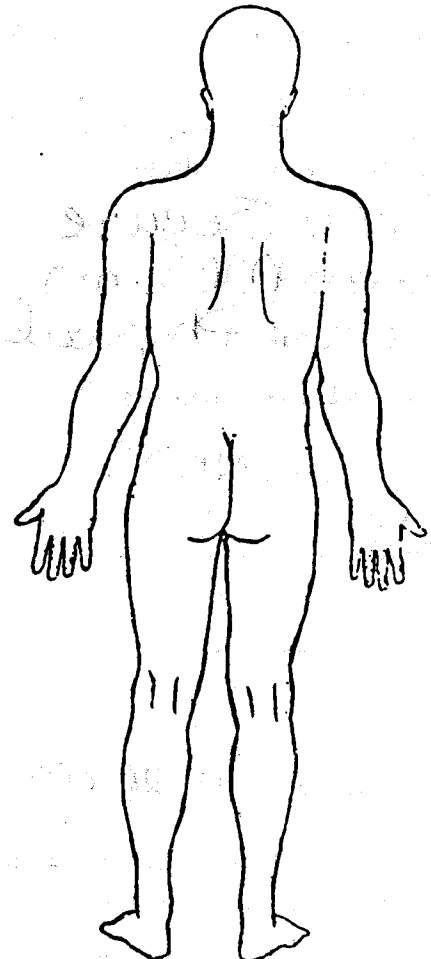
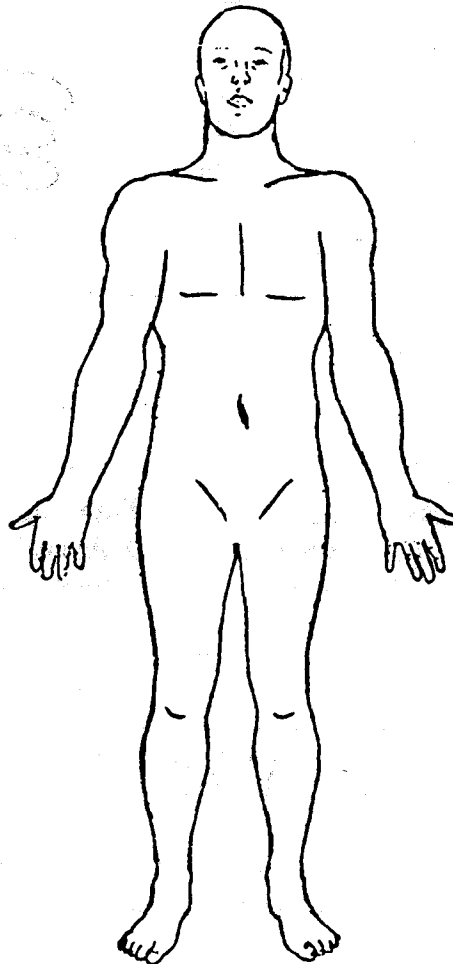
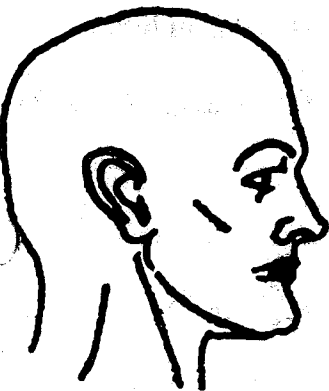
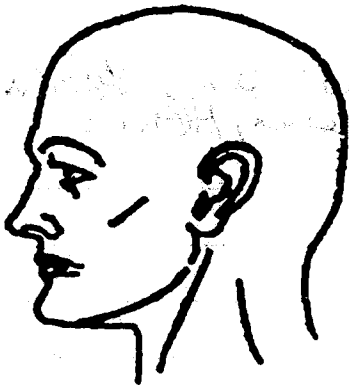
8. Do you hear voices or see things that others do not?

Yes ☐ No ☒

9. Does the patient appear developmentally delayed?

Yes ☐ No ☒

Location of injuries/problems



INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
11/09/05	11:50 AM	<p>S: My nerves are bad and I can't sleep I am not eating.</p> <p>O: Oriented x3, good eye contact, Smiling, laughing.</p> <p>A: Poly substance Abuser who reported drinking excessive amounts of coffee and taking an excessive amount of junk food. No thought disorder noted. M: Code none. R/O Med. seeking.</p> <p>P: Counseled on nutrition and sleep hygiene. Instructed to let this work know if he did not improve. —</p>	<i>Mitchell</i>

Patient's Name (Last, First, Middle)	Age	R/S	Facility
Reed, Ernest	DOB 11-23-55	W/M	ECF

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM

Name: Reed, Ernest AIS#: 111914C R/S: W/m
 Date: 12/14/03 Date of Birth: 11/1/31/55 Age: 48
 Beta II: 09 WAIS: 111 WRAT-RL: 4.2
 Last School Grade Completed: 8 Special Education Classes: Yes No
 MMPI Welsh Code: 4/99/213/0.0 Megargee Type: 1-5-2-6-7-8

General Appearance

- ☒ a. Neat and generally appropriate ☐ c. Flat or avoiding interaction
☐ b. Poorly groomed ☐ d. Sad or worried
☐ e. Other: _____

I. Interpersonal Functioning

- ☐ a. Normal good relationships likely ☐ d. Lacks skill or confidence
☐ b. Withdrawn/apparent loner ☐ e. Probably difficult to get along with
☐ c. Likely to ignore rights/needs

Other* (Specify) _____
 (See Copy) 3x married / 1 child

II. Personality

- ☒ a. Healthy ☐ d. Explosive
☐ b. Antisocial ☐ e. Dependent
☐ c. Paranoid ☐ f. Passive-Aggressive

Other* (Specify) _____
 1. Schizoid 4. Narcissistic 7. Compulsive
 2. Schizotypal 5. Borderline 8. Atypical/mixed
 3. Histrionic 6. Avoidant
 9. See Copy (Write in your wording) all personality traits

III. Substance Abuse

- a. Alcohol addiction/abuse history alcohol
 b. Drug addiction/abuse history poly substance abuse
all substances to
heroin or opiates

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM

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Name: Reed, Ernest

III. Substance Abuse (continued)

Denies
c. Current used. Current addiction heroin w/ opioidsOther* (Specify): 1 2 3 4 5 6 7 8

IV. Emotional Status

a. No significant problems

b. Depressed

c. Anxious or stressful

d. Angry or resentful

e. Confusion or psychotic symptoms

f. Mood disturbances

g. Sexual maladjustment

History of sex offenses?

Yes

No

h. Paranoid ideation

i. Sleep/appetite disorder NO PROBLEMOther* (Specify): 1 2 3 4 5 6 7 8 9
(See Copy)Emotional response to incarceration: OKAY

V. Mental Deficiency

a. Mild

b. Moderate

c. Severe

d. Borderline

e. Organic impairment suspected

f. Memory deficit

Remarks:

History of cerebral trauma or seizures?

Yes

No

* See manual for selections and numbers for "other"

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM

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Name: Reed, Ernest

Mental Health History

- a. Outpatient treatment (dates/where) Loma, Texas '03
- b. Inpatient treatment (dates/where) denied
- c. Psychotropic medication (type/effectiveness) FLUET, XANAX
no meds currently
- d. Family history of mental illness Aster has no mental illness

VI. Management Problems

- a. Suicide potential Ideation? Yes No Plans? Yes No
History of attempts/gestures _____
- b. Serious mental illness (specify) _____
- ☒ c. Impulsive/acting out behaviors predicted _____
- d. Authority conflict _____
- e. Manipulative/untrustworthy _____
- f. Easily victimized _____
- ☒ g. Escape potential fled to Mexico for 2 yrs of current cap
- h. Assaultiveness _____

History of expressively violent behavior? Yes NoOther* (Specify) 1. 2. 3. 4. 5. 6. 7. 8. 9.
(See Copy)

VII. Educational Needs

- a. ABE _____ b. Special Education _____ c. Trade School _____ d. Junior College _____

VIII. Mental Health Needs

- A. Refer to psychiatrist _____ E. Sexual adjustment _____ I. Self-concept enhancement _____
- B. Substance abuse counseling _____ F. Reality therapy _____ J. Healthy use of leisure _____
- C. Depression _____ G. Anger-induced acting out _____ K. Personal development _____
- ☒ D. Stress management _____ H. Values clarification _____

RECOMMENDATIONS/REMARKS:

Severe, persistent, paranoid
delusional system of
persecution, has history of
aggression, violent

MENTAL HEALTH CODE: SMI HARM HAT NONEEvaluation Completed by: Barbara J. [Signature] Date: 12/4/03

permanently
status
or app.

See manual for selections and numbers for "other"
See SPP @ K 162
act

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

-- CLIENT INFORMATION --

Client	: REED, EARNEST	Age	: 48
Sex	: Male	Marital Status	:
Education	:	Date of Birth	: 11/23/1955
File Name	: 111914		

Prepared for: Kilby Correctional Facility on 12/01/2003

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

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MMPI-2 INTERPRETIVE REPORT
 PREPARED FOR: Kilby Correctional Facility

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-- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES --

	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	
110	--	--	--	+	--	--	--	--	--	--	--	--	--	110
-				+										-
-				+										-
-				+										-
-				+										-
100	--			+										100
-				+										-
-				+										-
-				+										-
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90	--			+										90
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80	--			+										80
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-				+										-
-				+										-
-				+										-
70	--		*	+										70
-				+										-
-	--	--	--	+	--	--	--	--	--	--	--	--	--	-
-				+										-
60	--			+										60
-				+										-
-				+										-
-				+						*		*		-
-				+							*			-
50	--	--	--	+	--	--	--	--	--	--	--	--	--	50
-	*			+										-
-				+					*					-
-				+										-
-		*		+										-
40	--			+										40
-				+										-
-				+									*	-
-				+										-
30	--			+				*						30
-				+										-
-				+										-
20	--	--	--	+	--	--	--	--	--	--	--	--	--	20

T Score L F K Hs D Hy Pd Mf Pa Pt Sc Ma Si
 Unanswered (?) Items = 197 48 42 70 51 52 50 77 30 46 55 53 56 36

Welsh Code: 4'978213/6:05# K'L:F:

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-- PROFILE MATCHES AND SCORES --

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		Spike 4	4-5/5-4
Coefficient of Fit:		.94	.97
Scores:	? (raw)	197	
	L	48	56
	F	42	53
	K	70	54
	He (1)	51	50
	D (2)	52	54
	Hy (3)	50	51
	Pd (4)	77	71
	Mf (5)	30	44
	Pa (6)	46	50
	Pt (7)	55	50
	Sc (8)	53	51
	Ma (9)	56	51
	Si (0)	36	47
Mean Clinical Elevation:	55	54	55
Ave age-males:		33	29
Ave age-females:		31	28
% of male codetypes:		7.7%	.4%
% of female codetypes:		3.5%	.8%
% of males within codetype:		82.2%	51.1%
% of females within codetype:		17.8%	48.9%

Configural clinical scale interpretation is provided in the report for the following codetype(s):

Spike 4

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-- CONFIGURAL VALIDITY SCALE INTERPRETATION --

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

-- VALIDITY SCALES --

? (raw) = 197

~~This profile is very likely invalid and probably should not be interpreted because the number of unanswered items is greater than 30.~~

L T = 48

L scores in this range are usually obtained by individuals who generally respond frankly and openly to the test items and are willing to admit to minor faults.

F T = 42

F scores in this range may indicate that the individual is either denying serious psychopathology by underreporting actual problems or is actually relatively free from stress.

K T = 70

Scores in this range are usually obtained by individuals who exhibit extreme defensiveness, try to maintain a facade of adequacy and control, and admit to no problems or weaknesses. These individuals exhibit a serious lack of personal insight and understanding of their own behavior. They may be seriously disturbed psychologically but are reluctant to look at the sources of their problems and difficulties. These individuals are often rigid, inflexible, and intolerant of unconventional attitudes, beliefs, and behaviors. The prognosis for psychological intervention is usually very poor.

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-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

Spike 4 Codetype

Clinical Presentation:

This codetype is the most frequently occurring in both men and women, although it is much more frequent in men. Review of the supplementary and content scales is important for additional understanding of the multiple types of persons with this codetype. In addition, the role of several moderator variables such as intellectual level, educational achievement, and socioeconomic status, needs to be considered to understand how the potential behaviors may be manifest. Marital problems, substance abuse, sexual acting-out, delinquent behaviors, academic underachievement, and/or legal difficulties are potential problems, although persons with this codetype will not exhibit any of these behaviors nearly as frequently as other codetypes in which Scale 4 is elevated such as 4-8/8-4, 4-9/9-4, etc.

These individuals are very comfortable with themselves and their behavior. As a consequence they report little emotional distress and few physical symptoms. They indicate that they are happy most of the time. They think clearly and rationally, and report good insight into their own behavior. Memory and concentration are very good.

The self-concept of these individuals is outwardly very good. However, this may be a facade for underlying feelings of insecurity, inadequacy, and dependency.

They are extraverted and make a good first impression on others, but this impression is not very lasting. Their interpersonal relationships are often shallow, superficial, and meaningless. These relationships are typically not reciprocal and are marked by distrust, a lack of empathy, and irresponsibility.

Treatment:

The prognosis is guarded unless treatment begins early in the life of the individual. These individuals experience little personal distress and they expect others to change to meet their expectations rather than undertaking any serious examination of their own behavior.

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Possible Diagnoses:

Axis I - Rule Out Adjustment Disorder
Rule Out Cyclothymia
Rule Out Psychoactive Substance Abuse Disorders

Axis II - Rule Out Antisocial Personality Disorder
Rule Out Narcissistic Personality Disorder

-- CLINICAL SCALES --

Rs (1) T = 51

Scores in this range are considered to be within normal limits.

D (2) T = 52

Scores in this range are considered to be within normal limits.

Hy (3) T = 50

Scores in this range are considered to be within normal limits.

Pd (4) T = 77

Scores in this range are typically obtained by individuals who are characterized as angry, belligerent, rebellious, resentful of rules and regulations, and hostile toward authority figures. These individuals are likely to be impulsive, unreliable, egocentric, and irresponsible. They often have little regard for social standards. They often show poor judgment and seem to have difficulty planning ahead and benefiting from their previous experiences. They make good first impressions but long term relationships tend to be rather superficial and unsatisfying. Analysis of the Content Scales and/or the Harris-Lingoes Subscales may facilitate interpretation of scores within this range.

Mf (5) T = 30

Males obtaining scores within this range usually identify strongly with the traditional masculine role. They may over-emphasize their strength and physical ability.

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PREPARED FOR: Kilby Correctional Facility

Pa (6) T = 46

Scores in this range are considered to be within normal limits.

Pt (7) T = 55

Scores in this range are considered to be within normal limits.

Sc (8) T = 53

Scores in this range are considered to be within normal limits.

~~Ma (9) T = 56~~

Scores in this range are considered to be within normal limits. Normal adolescents and college students tend to score in the upper end of this range (T-scores of 54-57). Persons older than 60 who score in the upper end of this range are likely to be overly energetic and active.

Si (0) T = 36

Scores in this range are usually obtained by individuals who are socially extroverted, outgoing, and gregarious. These individuals have a strong need to be around other people. Very low scores are suggestive of individuals who generally form superficial and insincere social relationships. They may be seen by others as impulsive, immature, opportunistic, and manipulative. They may have difficulty forming meaningful, intimate relationships.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT
